Receipt date: 07/17/2006

10/586129 IAP11 Rec'd PCT/PTO 17

Substitute for Form 1449/PTO		Complete if Known	
	Application Number	To Be Assigned	
INFORMATION DISCLOSURE	Filing Date	Herewith	
STATEMENT BY APPLICANT	First Named Inventor	Takayasu OHARA, et al.	
(Use as many sheets as necessary)	Art Unit	To Be Assigned	
	Examiner Name	To Be Assigned	
SHEET 1 of 2	Attorney Docket No.	MAT-8869US	

U.S. PATENT DOCUMENTS					
		Document Number			Pages, Columns, Lines, Where
Examiner Initials*	Cite No.1	Number - Kind Code <sup>2 (# known)</sup>	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant of Cited Document	Relevant Passages or Relevant Figures Appear

Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
		Country Code <sup>3</sup> - Number <sup>4</sup> - Kind Code <sup>5</sup> (I <sup>7</sup> known)				Τ°
		JP 63-95674 (with partial English translation)	06/20/88	KAWASAKI STEEL CORP		
		JP 06-86868 (with partial English translation)	12/20/94	DAIHEN CORPORATION		
		JP 08-057648 (with English abstract)	03/05/96	ARACO CORP		
		JP 2006-007256 (with English abstract from counterpart WO 2006/001177 A1)	01/12/06	MATSUSHITA ELEC		
		WO 2006/001177A1 (Abstract only)	01/05/06	MATSUSHITA ELEC IND CO LTD		
		JP 2004-261878 (with English abstract)	09/24/04	DAIHEN CORP/HONDA MOTOR CO LTD		
					<u> </u>	
			L	l	<u> </u>	
Examiner	T	/Ket Dang/		Date Considered	08/26/2009	_

\*EXAMINER: Install if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered.

Including property in the conformance and not considered included in the conformance and not considered included in the conformance and not considered included in the conformance and not considered in the conformance and not conformance and not considered in the conformance and not conformance and not considered in the considered in the conformance and not considered in the consid

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

10/586129<sub>0586</sub>129 - GAU: 3742 IAP11 Rec'd PCT/PT0 17 JUL 2006 CREARE (ANY 475873) (00-62) Receipt date: 07/17/2006

Approved for use through 04/30/2004, OMB 0651-0031
U.S. Pateni and Trademark Office: U.S. OEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no

Substitute for Form 1449/PTO	Complete if Known	
	Application Number	To Be Assigned
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)	Filing Date	Herewith
	First Named Inventor	Takayasu OHARA, et al.
	Art Unit	To Be Assigned
	Examiner Name	To Be Assigned
SHEET 2 of 2	Attorney Docket No.	MAT-8869US

NON-PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T <sup>2</sup>
		Japanese Search Report for Application No. PCT/JP2006/300989 dated April 25, 2006.	
		English translation of Form PCT/ISA/210.	
	-		
		,	
			-
	_		

/Ket Dang/ 08/26/2009 Signature Considered \*EXAMINER: Initial if reference considered, whether or not citation is in confo nance with MPEP 609. Draw line through citation if not in conformance and not

Examiner

\*EXAMINES. Initial if reference considered, whether or not citation is in conformance with NPEP cuts. Uraw line directly considered. Include carry of this form with near communication to Applicant.

\*Applicant is to place a check mark here if English language translation is attached.

\*Applicant is to place a check mark here if English language translation is attached.

\*The collection of information is required by 3 / CPR 1.85. The information is required to obtain or retain a benefit by the guidle which is to file (and by the USPTO. The will be considered by 3 / CPR 1.85. The information is required to complete by 3 / CPR 1.85. The information is required to complete the information of the complete spiketation form to the USPTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sert to the Child Information Officer. Proper or Commissioner for the Commence, Washington, Oz. 2021. OD NOT SEND PEES OR COMPLETE ORNER TO THIS ADDRESS. SEND TO. Commissioner for the center of Commence, Washington, Oz. 2021. OD NOT SEND PEES OR COMPLETE ORNER TO THIS ADDRESS. SEND TO. Commissioner for the center of Commence, Washington, Oz. 2021. OD NOT SEND PEES OR COMPLETE ORNER TO THIS ADDRESS. SEND TO.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Date